ALARM SYSTEM PERMIT APPLICATION

For Office Use Only	
Date:	
Permit #:	
Permit Exp:	

RESIDENTIAL ☐ **COMMERCIAL ☐**

Residential Permit Holder: _____
First Name *Last Name*

Commercial Permit Holder: _____
Business Name

Property Address: _____

City: _____ State: _____ Zip: _____

Gate Code (If applicable): _____ Phone # at location: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Information: *list contacts who can respond to an alarm activation within 45 minutes of request.*

Primary Contact Name: _____

Phone Number: _____

Secondary Contact Name: _____

Phone Number: _____

Is alarm location: ☐ **MONITORED** (*See below*) ☐ **UNMONITORED**

Alarm Monitoring Company: _____

Monitoring Phone Number: _____ State License #: _____
Alarm Company has this information

Special Conditions: *list hazardous conditions/materials, guard dogs, security personnel, weapons, location of alarm panel, etc.*

_____

_____

I have read the completed application and know the same is true and correct and herby agree that if a permit is issued, I will comply with all the provisions of the City of Sansom Park Code and with applicable State Laws. I accept responsibility for payment of all fines and fees that may result from the operation of the alarm system serving the above premise. This application is not intended to, nor will it create a contract, duty of obligation, either expressed or implied, of response. Any and all liability and consequential damage resulting from the failure to respond to a notification is hereby disclaimed and governmental immunity as provided by law is retained. By this application, the alarm user acknowledges that Police response may be based on factors such as availability of Police units, priority of calls, weather conditions, traffic conditions, emergency situations and staffing levels.

Signature of Applicant: _____ Date: _____

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Date approved: _____ Date Issued: _____ Init: _____ Fees: _____